

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/936387** FILING DATE

APPLICANT(S)

CLAIMS

|                 | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-----------------|----------|------|------------------------|------|------------------------|------|
|                 | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1               | 1        |      | 1                      |      |                        |      |
| 2               |          | 1    |                        |      |                        |      |
| 3               |          | 1    |                        | 1    |                        |      |
| 4               | 1        |      |                        | 1    |                        |      |
| 5               |          | 3    |                        | 1    |                        |      |
| 6               | ①        |      |                        | 1    |                        |      |
| 7               | ②        |      |                        | 1    |                        |      |
| 8               | ③        |      |                        | 1    |                        |      |
| 9               | ④        |      |                        | 1    |                        |      |
| 10              | ⑤        |      |                        | 1    |                        |      |
| 11              | ⑥        |      |                        | 1    |                        |      |
| 12              | ⑦        |      |                        | 1    |                        |      |
| 13              | ⑧        |      |                        | 1    |                        |      |
| 14              | ⑨        |      |                        | 1    |                        |      |
| 15              | ⑩        |      |                        | 1    |                        |      |
| 16              | ⑪        |      |                        | 1    |                        |      |
| 17              | ⑫        |      |                        | 1    |                        |      |
| 18              | ⑬        |      |                        | 1    |                        |      |
| 19              | ⑭        |      |                        | 1    |                        |      |
| 20              | ⑮        |      |                        | 1    |                        |      |
| 21              | ⑯        |      |                        | 1    |                        |      |
| 22              | 1        |      |                        | 1    |                        |      |
| 23              |          |      |                        |      |                        |      |
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| 49              |          |      |                        |      |                        |      |
| 50              |          |      |                        |      |                        |      |
| TOTAL<br>ID.    |          |      | 2                      |      |                        |      |
| TOTAL<br>DEP.   |          |      | 20                     |      |                        |      |
| TOTAL<br>CLAIMS |          |      | 22                     |      |                        |      |

BEST AVAILABLE COPY

| *               | *    | *    | *    |
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| IND.            | DEP. | IND. | DEP. |
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| 100             |      |      |      |
| TOTAL<br>IND.   |      |      |      |
| TOTAL<br>DEP.   |      |      |      |
| TOTAL<br>CLAIMS |      |      |      |